STATE OF MONTANA

BULLETIN

OF THE

Department of Health

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"IS YOUR COMMUNITY FIT?"

What is being done to protect the babies in your community? Have you a baby health station? Do you make provision for expectant mothers in your community who are in need of advice and supervision? If your community is small, at least one full-time public health nurse should be employed for the instruction of mothers in the care of themselves and their babies. You owe this to the mothers.

—U. S. Public Health Report.

Published at Helena, by the State Board of Health.

Where, if ever, the claims of industry and humanity conflict let us remember that industry exists for the sake of humanity, and not humanity for the sake of industry.—Hon. W. L. McKenzie King.

This Bulletin will be mailed to any person in Montana upon request to the Secretary of the State Board of Health at Helena.

STATE OF MONTANA
Department of Public Health

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E. M. PORTER, M. D.....Great Falls
W. F. COGSWELL, M. D., Secretary and Executive Officer.....Helena

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HYGIENIC LABORATORY

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DIVISION OF SOCIAL HYGIENE

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DIVISION OF CHILD WELFARE

Laurie Jean Reid, R. N., Director, Helena.
Marion L. Fox, Educational Secretary, Helena.

DIVISION OF COMMUNICABLE DISEASE

John J. Sippy, M. D., Epidemiologist, Helena

Communicable Disease Report for March, 1920.

COUNTIES AND CITIES.	Tuberculosis	Typhoid and Paratyphoid	Smallpox	Diphtheria	Scarlet Fever	Measles (morbilli)	Whooping Cough	Chickenpox	Influenza	Meningitis (epidemic)	Other Diseases (see Addenda)
Beaverhead					3						
Big Horn			3	4	12	3					
Blaine	4				1				5		
Broadwater	0	0	0	0	0	0	0	0	0	0	0
Carbon, except		1				2					
*Red Lodge											
*Carter											
Cascade, except	1					2			29		
Great Falls	1		6	3	4	17		9	77		31
Chouteau						1	6		7		1
Custer, except					1						
Miles City	1		26		7	1		4			1
Dawson, except									11		1
Glendive	1		7								
Deer Lodge, except	12										162
Anaconda	3			1	1						4
Fallon					2				3		
Fergus, except			4	3	1	3			13		5
Lewistown			4	2					5		1
Flathead, except	3		10		1	5			9		16
Kalispell			2		1				5		
Gallatin, except					1	2			9		
Bozeman					1			6			2
Garfield	0	0	0	0	0	0	0	0	0	0	0
Glacier			3		4				3		
Granite						1			1		
Hill, except	0	0	0	0	0	0	0	0	0	0	0
Havre	1					1					
Jefferson	0	0	0	0	0	0	0	0	0	0	0
*Lewis and Clark, except											
Helena			2	1	3			2			
Lincoln			1		1	1					
McCone									49		
Madison									17		
Meagher	1										
Mineral						1					1
*Missoula, except											
Missoula City	1		11	7				1	8		4
Musselshell	1		6		4	1			15		
Park, except						2					1
Livingston			5	2	1			2	2		11
Phillips									8		1
Pondera			1						34		
*Powder River											
*Powell											
*Prairie											
Ravalli			2	1	1				1		4
Richland				9		3					
Roosevelt			10			1			6		5
Rosebud		1	4						4		1
Sanders	0	0	0	0	0	0	0	0	0	0	0
Sheridan											2
Silver Bow, except				5	5	2				1	
Butte	10				1	1		1	2		53
Stillwater				1	2	4	1				
*Sweet Grass											
Teton	1								2		
Toole	3								52		
Treasure		1						1			
Valley	2		6		7	6			12		
Wheatland			1		1	2	11	7	11		7
Wibaux			1								
Yellowstone, except		1	10			30		4			
Billings	2		2			176		5			20
Liberty									1		
Total	48	4	127	39	66	268	18	42	401	1	334

*Delinquent. Health officers failed to perform duty of reporting.

Other communicable diseases reported: Erysipelas, 2; gonorrhea (including 45 drug store sales of gonorrhea remedies), 96; mumps, 23; pneumonia, 19; acute poliomyelitis, 1; syphilis (including 162 reports for one year from State Hospital for the Insane), 192; trachoma, 1.

Communicable Disease Report for April, 1920.

COUNTIES AND CITIES.	Tuberculosis	Typhoid and Paratyphoid	Smallpox	Diphtheria	Scarlet Fever	Measles (morbilli)	Whooping Cough	Chickenpox	Influenza	Meningitis (epidemic)	Other Diseases (see Addenda)
Beaverhead					2	10					
Big Horn		1				1					
Blaine			1		1			1			
*Broadwater											
Carbon, except	1				3	72					
*Red Lodge											
Carter											
Cascade, except			1								1
Great Falls	2	1	11	5	6	31		3	1		38
Chouteau						3					1
Custer, except					1						1
Miles City			8		11	6		3		1	4
Dawson, except			2		2						
Glendive			4		3						
Deer Lodge, except											8
Anaconda	1			1	1	2					
Fallon				1							
Fergus, except					2						
Lewistown			1								1
Flathead, except	1		11		6						5
Kalispell	1				1						
Gallatin, except						5					
Bozeman					3						1
Garfield	0	0	0	0	0	0	0	0	0	0	0
Glacier			2								
Granite	0	0	0	0	0	0	0	0	0	0	0
Hill, except				1		1					
Havre	2		2	1							
Jefferson				1							
*Lewis and Clark, except											
Helena		3			6	2					8
Lincoln	2	4	1			7					1
*McCone											
Madison			3								
*Meagher											
*Mineral											
*Missoula, except											
Missoula City				1	2	3	2	5			11
Musselshell			15		4	4					
Park, except			6								
Livingston			8								5
Phillips	1										
Pondera	1		2		3				2		
*Powder River											
*Powell											
*Prairie											
Ravalli											1
Richland				1	3	3					2
Roosevelt			1	1	3	23					6
Rosebud			6								3
Sanders						1					
Sheridan											
Silver Bow, except	12		1	2							1
Butte	11		3	4	4	1					65
Stillwater						38	2				
*Sweet Grass											
Teton			5		8	1			1		
Toole	0	0	0	0	0	0	0	0	0	0	0
Treasure			2			1		6			2
Valley	1		2		2	39					
Wheatland					6	3	4	5			9
*Wibaux											
Yellowstone, except			21			68		10			6
Billings	6	1	4	1	3	258	2	13		1	20
Liberty					3						
Total	42	10	123	20	89	583	10	46	4	2	200

*Delinquent. Health officers failed to perform duty of reporting.

Other communicable diseases reported: Erysipelas, 2; German measles, 1; gonorrhea (including 47 drug store sales of gonorrhea remedies), 104; mumps, 39; pneumonia (acute lobar), 16; syphilis, 38.

NOTICE.

The annual meeting of the Montana Health Association will be held in Helena, July 12th and 13th, immediately preceding the meeting of the State Medical Society on July 14th and 15th. A program of the Health Association meeting will be published in the June number of the monthly Bulletin. All persons interested in the advancement of public health and sanitation, and more especially health officers and members of County and City Boards of Health, should make plans to attend this meeting. Last year the attendance numbered 125. We should be prepared to double this attendance this year. Helena assures you of a cordial welcome.

WORK PERFORMED BY THE HYGIENIC LABORATORY FOR THE FIRST QUARTER 1920.

Blood, Wassermann—Pos., 289; neg., 524; doubt., 9; unsatisfy., 13 Spinal fluid Wassermann—Positive, 1; negative, 1	837
Sputum, T. B.—Positive, 20; negative, 179 Spinal and pleural fluids, T. B.—Neg., 3	
Blood – complement fixation — Negative, 1	203
Sputum-Vaccine	11
Sputum–typing for pneumococci (type 3)	3
Sputum–Influenza	32
Culture–diphtheria—Positive, 34; negative, 82	116
Culture–Vincent's Angina—Positive, 2	2
Smear–diphtheria—Positive, 2; negative, 1	3
Smear–pathology	4
Tissue–pathology	18
Pus–Actinomycosis—Negative, 1	1
Smear–Anctinomycosis—Positive, 1	1
Pus, T. B. G. P. inoc	1
Pus, nose and throat exam	1
Urine–routine	44
Urine–T. B.—Negative, 1	1
Urine–G. C.—Negative, 2	2
Smear–G. C.—Positive, 62; negative, 56; doubtful, 13	131
Smear–Bac. exam.	3
Cultures–Bac. exam.	3
Faeces–Typhoid—Positive, 1; negative, 2	3
Faeces–exam.	1
Blood–Widal—Positive, 5; negative, 23; doubtful, 1	29
Para A and B—Negative, 2	2
Blood counts	47
Blood–typing for transfusion	5
Liver and spleen–spirochaete—Negative, 1	1
Spinal fluid–meningitis	1
Vomitus–ex. for faeces	1
Olives–chemical exam.—Negative, 1	11
Total	1,518
Animals inoculated	15
Containers distributed to physicians	2,200

VINCENT'S ANGINA—A COMMON DISEASE OF THE THROAT.

The Hygienic Laboratory receives a large number of cultures to be examined for diphtheria, with the frequent notation of the presence of a heavy membrane usually upon the tonsils. When a portion of this

membrane is sent with the culture we have in a number of cases found the disease known as Vincent's Angina to be present.

The disease begins with a sore throat, the tonsils are red and swollen. Soon a yellowish coat covers over a portion of the tonsils or throat which may lead to a punched out ulcer.

There is seldom much fever associated with the disease, and aside from the sore throat the person feels quite well. Members of the family or friends may note the bad odor from the mouth differing from the ordinary upset stomach.

The disease is due to a spiral shaped organism called Vincent's spirillum associated with a large bacillus ending in a sharp point—Fusiform bacillus.

The cause of the disease is easily recognized when smears are made from the throat, but cannot be grown by the ordinary methods.

The disease is readily transmitted from one person to another, and great care should be exercised as with all sore throats. Many of these cases are doubtless not seen by the physician, and are cured by home remedies, gargles, etc. However, the most satisfactory treatment is to thoroughly remove the heavy membrane which leaves a bleeding surface, and applying with applicator tincture of iodine, silver nitrate or one of a number of the arsenic preparations.

This disease is doubtless very common, but not recognized and may be associated with diphtheria. A culture should be taken of all sore throats and in addition when a membrane or a punched out ulcer is present a smear (on a clean slide) sent in to be examined for Vincent's Angina.

DEPARTMENT OF PUBLIC HEALTH.

Division of Water and Sewage—Laboratory Report.

January, February and March, 1920—Summary:

I.	Laboratory Investigations of Water Supplies:	
	1. Public water supplies	131
	2. Private water supplies	18
II.	Field Investigations or Sanitary Surveys	27
III.	Classification of Water Samples Analyzed:	
	1. Bacteriological	415
	2. Chemical:	
	a. Sanitary	37
	b. Mineral	5
IV.	Ice	3

Field Surveys of Water and Sewage Systems Made at:

Butte
Anaconda
Missoula
Deer Lodge—Citizens Water Co.
Deer Lodge—South Side Water Co.
Warm Springs.
Helena.
Whitehall.
Virginia City.
Twin Bridges
Twin Bridges—State Orphans' Home
Bozeman—Lyman Creek Supply
Clyde Park
Gardiner
Livingston—Municipal Supply
Livingston—Monidah Trust
Laurel—Municipal Supply
Laurel—Northern Pacific Railway
Hardin
Broadview
Great Falls
Cut Bank
Kalispell
Somers
Whitefish
Eureka
Libby

REQUIESCAT IN PACE.

The progressive citizens of the town of C.....V..... in one of our western states, well aware of the menace of the open toilet, felt that the municipal budget could well afford to end this primitive method of sewage disposal and to offer protection to the health and lives of residents by the installation of a modern sewage system. Other residents, and every city has its share of such, manifested greater concern over tax rates than over disease and death rates and successfully opposed an ordinance creating a sewer district. Whereupon the editor of the local paper delivered himself of the following bit of satire:

"OBITUARY—C. V. SEWER.

"C. V. Sewer was conceived in this city on March 24, 1919, and died at the City Hall here on Thursday night, November 20, 1919, at the immature age of seven months, 25 days, 23 hours and 59 seconds.

"Mr. Sewer is a graduate of the old school of public health and a staunch enemy of all the flies in the world. He is survived by many brothers, one at S....., B....., P....., C....., F....., to say nothing of his many sisters in live little towns with a population of from 500 to 1,000. As an appreciation of his demise many of his enemies placed handsome bouquets of sour grape blossoms and dandelions on his grave.

"The funeral was conducted from City Hall, Mayor J. L. B..... being in charge of the ceremonies. The pallbearers were Councilmen S....., C....., A....., W....., and P..... At the grave a few short silent remarks were made by the pallbearers and the only friend present was the editor of the County Liner, who is reconciled to the fact that Mr. Sewer would never have been a welcome resident of the city.

"A mixed quartet sang a very pathetic little ditty at the grave. It was entitled "Shoo Fly, Don't Bother Me." The quartet was composed of Mr. Case Typhoid, Miss Cess Pool, Mr. Out House and Mrs. Pure Water. So good was their rendition of this melodious melody that they responded to an encore, which was "Hush Little Black Fly, Don't You Cry, You'll Cause Summer Complaint By and By."

"Relatives have requested that we announce that Mr. J. R. M..... dug the grave."

DIVISION OF FOOD AND DRUGS.
First Quarterly Report, 1920.

During the past three months 315 inspections were made by the Food and Drug Division.

Complaints and Prosecutions.

Harry Thompson, meat dealer, Butte. Complaint filed October 21, 1919, for sale of sulphite hamburger. Found not guilty by jury January 27, 1920. .

R. F. Doswald, meat dealer, Great Falls. Complaint filed December 12, 1919, for sale of watered oysters. Party reported to have left the country.

John Deering, Bozeman. Complaint filed January 10, 1920, for sale of tubercular turkeys. Case settled out of court; money paid for turkeys refunded.

Adolph Iten, meat dealer, Livingston. Complaint filed January 16, 1920, for sale of adulterated lard, beef fat present. Case pending.

McCarthy's National Market, East Park St., Butte. Complaint filed January 10, 1920, for sale of adulterated lard, beef fat present. Found not guilty by jury January 27, 1920.

Red Lodge Meat Co., Bear Creek. Complaint filed February 13, 1920, for sale of adulterated lard, beef fat and cotton seed oil product present. Appeared March 9, 1920, and pleaded guilty. Fine imposed, $50 and costs.

Sale of Ripe Olives in Glass Containers Prohibited.

On March 9, 1920, the following regulation was adopted by the State Board of Health:

> "Sale is hereby prohibited of RIPE OLIVES, OR ANY PREPARATION THEREOF, PACKED IN GLASS CONTAINERS. This regulation shall remain in effect and will be canceled only by the State Board of Health when it is reliably informed that present defects of processing ripe olives in glassware have been overcome, and that there will no longer be danger to the consumer from these sources."

This regulation was adopted as a result of deaths at Detroit, Michigan; Canton, Ohio; New York City; Java, Montana, and Memphis, Tennessee, of persons having eaten ripe olives from glass containers, which olives were infected with bacillus botulinus. Owing to the fact that the contamination was not confined to one brand or the product of one packer, and as only ripe olives from glass containers were concerned in all cases, the regulation was passed to prohibit sale of such packs until such time as the defect in processing is remedied. The public can obtain ripe olives packed in tin and there is no evidence to show that the use of such olives should be discontinued.

Baking Powder Hearing.

A hearing was held before Judge G. M. Bourquin in the Federal Court at Great Falls, March 22, 1920, on the matter of the labeling of Dr. Price's "Cream" Baking Powder. The State Board of Health was represented by Attorney General Ford.

Laboratory Report—Food and Drug Samples Analyzed.

Beverages:	Passed	Not Passed	Unofficial	Total
For Alcohol	....	....	12	12
For Poison	....	....	1	1
For Saccharin	4	....	....	4
Confectionery	....	....	3	3
Dairy Products:				
Butter	25	5	4	34
Ice Cream	....	1	....	1
Milk	4	....	....	4
Milk, Evaporated	....	1	....	1
Essence of Jamaica Ginger	....	1	....	1
Essence of Peppermint	1	....	....	1
Extracts and Flavors, Lemon	5	5	1	11
Hamburger	1	....	....	1
Honey	....	....	2	2
Lard	1	1	1	3
Milk, Human	....	....	1	1
Paste, Medicinal	....	....	1	1
Sugar	....	....	1	1
Turmeric, Powdered	1	....	....	1
Vinegar	....	1	....	1
Totals	42	15	27	84

Beverages Examined for Saccharin.

Lab. No.	Beverage	Manufacturer	Report
F 8197	Apple Cidar	Northwestern Fruit Products Co., Olympia, Wash.	Passed
F 8198	Ginger Ale	Sheboygan Mineral Water Co., Sheboygan, Wis.	Passed
F 8199	Cream Soda	Sheboygan Mineral Water Co., Sheboygan, Wis.	Passed
F 8200	Cider	Inland Products Co., Spokane, Wash.	Passed

Extracts and Flavors.

Ten samples of lemon extracts were examined during this quarter. Those listed below as "not passed" are so classed because of shortage in volume. One manufacturer marketed his product in a thick glass bottle which gave the appearance of being a two-ounce bottle, but which in reality would contain when full but 90 per cent of two ounces.

Lab. No.	Flavor	Manufacturer	Report
F 8190	Lemon	Northern Jobbing Co., Chicago	Passed
F 8191	Lemon	Hunts Perfect Baking Powder Co., Minneapolis	Not Passed
F 8192	Lemon	The Frank Tea & Spice Co., Cincinnati	Not Passed
F 8193	Lemon	Prepared at Springfield, Mass.	Passed
F 8195	Lemon	Price Flavoring Extract Co., Chicago	Not Passed
F 8196	Lemon	Hardesty Mfg. Co., Denver	Passed
F 8201	Lemon	Joseph Burnett Co., Boston	Passed
F 8202	Lemon	Franco-American Hygienic Co., Chicago	Passed
F 8203	Lemon	The A. Colburn Co., Philadelphia	Not Passed
F 8204	Lemon	Sherer-Gillett Co., Chicago	Not Passed

Lard.

Two samples of lard were examined for fats other than hog fat. In one case both beef fat and cottonseed oil were found to be present.

No. F 8168—Red Lodge Meat Co., Bear Creek—Not passed.

No. F 8171—John Bader, Bozeman—Passed.

Miscellaneous.

The following samples were analyzed to determine whether they conformed to the accepted standards:

Lab. No.	Article	Dealer or Manufacturer	Report
F 8152	Essence Peppermint	Chapple Drug Co., Billings	Passed
F 8178	Vinegar	Unknown	Not Passed
F 8194	Turmeric, Powdered	Frank Tea & Spice Co., Cincinnati	Passed
F 8169	Hamburger	Red Lodge Meat Co., Bear Creek	Passed

Dairy Products.

The State Dairy Commission submitted thirty samples of butter for analysis. The other dairy products in the following list were submitted by inspectors of the State Board of Health.

Article	Passed	Not Passed	Total
Butter	25	5	30
Ice Cream	....	1	1
Milk	4	....	4
Milk, Evaporated	....	1	1
Totals	29	7	36

Beverages for Alcohol.

Twelve samples of beverages were received in the laboratory from county officials or others interested in the enforcement of the prohibition law. The percentage of alcohol present was determined, in order to ascertain whether the beverages complied with the requiremnts of the law.

Lab. No.	Beverage	Lab. No.	Beverage
F 8165	Skee	F 8177	Beer
F 8172	Beer	F 8183	Cider
F 8173	Beer	F 8206	Famo
F 8174	Beer	F 8207	Pickwick
F 8175	Beer	F 8208	Blackberry Corcial
F 8176	Beer	F 8241	Cider

Miscellaneous Unofficial.

The list which follows will show the nature of the samples which were received for analysis from unofficial sources. In the majority of cases examination for adulterants was requested:

Lab. No.	Article	Lab. No.	Article
F 8166	Confectionery	F 8185	Butter
F 8167	Sugar	F 8186	Butter
F 8170	Confectionery	F 8232	Medicinal Paste
F 8179	Human Milk	F 8233	Lard
F 8180	Beverage	F 8244	Honey
F 8181	Confectionery	F 8245	Lemon Flavor
F 8182	Butter	F 8246	Honey
F 8184	Butter	F 8151	Jamaica Ginger

Adulterated Lard.

Of forty-five samples of lard examined in the Food and Drug Laboratory of the State Board of Health during the past two years, 17, or about 38 per cent, were found to be adulterated with a foreign fat. This practice is responsible for bringing the local product into disrepute, for the dealer that resorts to such a substitution not only injures his own product but the reputation of dealers that turn out a pure lard. All cases in which adulteration has been found have been referred to county attorneys for prosecution.

The following instructions have been recently mailed to all licensed meat dealers in Montana:

"Owing to the fact that a number of samples of lard purchased from different parts of the state have been found to consist in part of fat other than hog fat, this letter is sent to dealers calling attention to requirements of the Food and Drug Act.

"Lard is the rendered fresh fat from hogs in good health at the time of slaughter, is clean, free from rancidity, and contains, necessarily incorporated in the process of rendering, not more than one per cent (1%) of substances other than fatty acids and fats."

"Mixtures of lard and other edible fats may be labeled and sold as 'lard compound' if the lard present is equal to or greater in amount than all other ingredients combined. Fats or oils present in such lard compounds must be given on the label in order of their amounts. The percentage present of each need not be stated.

"It is not permissible to use the term 'lard' on the label or in connection with an article containing less than fifty per cent hog fat. Such article should be sold as a mixture of hog, beef or mutton fat, etc.

"You are advised not to place 'lard compound' in containers labeled for pure lard unless the label is scratched and the container relabeled in such a manner as to clearly indicate the true nature of the article.

"Leaf lard is lard rendered at moderately high temperatures from the internal fat of the abdomen of the hog, excluding that adherent to the intestines, and has an iodin number not greater than sixty (60).

"A lard that does not conform to the above definition is misbranded if it bears any statement, design or device (such as a picture of leaves) which would lead the purchaser to believe that it was a 'leaf lard.' Watch your labels and see that an article is sold for what it actually is. Mark **all** lard compound as such."

The City Dump.

If every person maintaining a nuisance could be prosecuted, it is pretty safe to say that fully two-thirds of the heads at the helm of the average city governments of the state would be subject to penalty for gross neglect of that colossal fly breeder—the city dump. We saw one recently. It was a collection of brush, tin cans, manure, garbage, night soil, dead animals, and putrefying odors. By way of description, it would beggar the imagination of Dante, or the facile pen of Poe to do full justice to all of its horrors of putrefactive, fermentative and maggot breeding possibilities. As a shock to the olfactory sense, we know of no words to fit the occasion except a quotation which tells of an odor "which was a combination of two skunks fighting at midnight in a badly kept graveyard, between a rubber vulcanizing plant, a glue factory and a bone ash kiln." In fact it was neither aesthetic to view, nor to write about.

But the condition is far too common, and while the annual clean-up is on, why not settle the problem of the city dump as well? There may be some advantage to the transfer of garbage from many scattered small heaps within the city limits to one huge one beyond the city limits, but it is still insisted that the big heap remains productive of

many varieties of the fly nuisance. What to do with the city garbage is a problem which has caused many unnecessary gray hairs on the polls of the "city dads," considering how easily it may be solved. Garbage should be **burned** or **buried.** Every city cannot afford a destructor for its needs in this line, but an acre of waste ground, a few gallons of kerosene or crude oil and a match, make a pretty fair substitute.

In a series of experiments, the State Board of Health of Ohio determined that garbage, including tin cans, buried in trenches under one to two feet of earth, would be reduced so that soil would be fit for cultivation in two years. Furthermore it was good for the soil.

So while the clean-up is in progress don't overlook the ultimate disposal of your trash. It behooves city governments to maintain sanitary standards if they would have individuals to pattern after them. Don't permit your city dump to remain a nuisance and a menace.

Does this fit your town? SWAT THE FLY!

Old Father Hubbard went to his cupboard,
To tickle his palate, that's all;
In 48 hours, a prayer and some flowers—
Alas! It was wood alcohol. —Exchange.

ALCOHOLIC FLAVORING EXTRACTS.

Many inquiries are received from manufacturers and others interested in the sale of flavoring extracts in which alcohol is used as a solvent. For the benefit of all interested parties the Montana law is given herewith:

CHAPTER 182, LAWS OF 1919.

"An Act to Regulate the Importation, Manufacture, Purchase and Sale of Alcohol and Medicinal, Pharmaceutical, Scientific, Mechanical, Culinary, Flavoring and Toilet Preparations Containing Alcohol."

Be It Enacted by the Legislative Assembly of the State of Montana:

Section 1. That the importation, manufacture, purchase and sale of alcohol for scientific, mechanical and manufacturing purposes, and also such preparations as flavoring extracts, essences, tinctures, perfumes, toilet articles, pharmaceutical and medicinal preparations, and remedies containing drugs or medicines, which do not contain more alcohol than is necessary for the proper manufacture, preparation and preservation thereof, are hereby authorized and permitted, provided any such preparation so imported, manufactured or sold, is not suitable for use as a beverage.

Section 2. All Acts and parts of Acts in conflict herewith are hereby repealed, provided, however, that nothing herein contained shall be taken or construed as repealing Chapter 134 of the Session Laws of 1915, or any provision thereof.

Section 3. This Act shall be in full force and effect from and after its passage and approval.

Approved March 10, 1919.

SOCIAL HYGIENE DIVISION.

Summary of Reports Received, Pamphlets and Arsphenamine Distributed.

From January 1st, 1920, to April 30th, 1920.

Gonorrhea	667
Syphilis	314
No. of requisitions for free arsphenamine	23
Neoarsphenamine distributed free	90
Arsphenamine administered in clinics	472
No. requests received for V. D. literature	1,361
Pamphlets distributed	12,383

Keeping Fit Campaign.

We are, for the second time, presenting the boys' "Keeping Fit" exhibit in the high schools of the State. This exhibit was prepared by the United States Public Health Service and consists of 24 cards, 22x28 inches in size, and 50 lantern slides. An attractive pamphlet entitled "Keeping Fit" is distributed among the boys after the showing of the exhibit.

Last year we reached 2,000 high school boys in the State and this year we hope to double that number. This work is in charge of Mr. W. L. Adams, of Billings, who has been appointed State Supervisor. Mr. Adams has districted the State and appointed district supervisors for presenting the exhibit in the schools in the various districts. The work is progressing exceedingly well under Mr. Adams' supervision and we have already reached about 1,500 boys this year. The work will continue and we will endeavor to reach every high school in the State before the school year closes.

A Letter and the Reply.

The following is a copy of a letter received by this division and is typical of inquiries we are receiving relative to the reporting of cases of tertiary syphilis and the chronic cases of gonorrhea, and appended hereto is our reply:

State Board of Health,
Helena, Montana.

Gentlemen:

I wonder if you ever thought of clearing up the question of reporting late syphilis and very old gonorrhea. As you know, Noeggerath was probably correct when he said gonorrhea never got well. If every case that had pus and mucous in the urine were reported, we would pretty nearly have to report the vast majority of the human family. It seems to me that the question of contagiousness should be the important one on making these reports.

As for syphilis, we constantly have the record of cases that are reported both positive and negative by the different examiners at more or less the same time. It is eminently unfair to put these cases as syphilis until it is well established that they have syphilis. More than that, it is questionable in my mind, after the lapse of a certain time, whether they are infectious to others. At present the law leaves us in great doubt as to just how far reporting should be insisted upon. I can readily see that all acute gonorrhea, chancres, chancroids, should be reported; it is the late cases and questionable case, that borderlying condition, that I would like to know more about.

Very faithfully yours,

.....

Doctor.....,

....., Montana.

Dear Doctor:

In reply to your letter of recent date we beg leave to offer the following observations:

If we were to admit the truth of the claim that gonorrhea never gets well or is incurable, it certainly is not flattering to medical pride in the improvements of diagnosis and treatment for the past two decades. A good many years have elapsed since Noeggerath made his statement. It is presumed that in that lapse of time our knowledge of bacteriology and pathology has made considerable advancement, and when we interpret the statement we must not fail to differentiate between the initial infection as a result of the invasion of the gonococcus and the complications which ensue as a result of the secondary invasion of other pus organisms, and also of the chronic pathological changes in tissues as a result of the original acute inflammatory process. Noeggerath might equally as well have said that a burn never gets well because scar tissue remains.

Contradictory to his statement we might quote the opinions of other equally as good authorities who maintain that the tendency of most gonorrheas is spontaneous recovery without active treatment and with the most elemental rational care. In your own experience you have doubtless seen many such cases, especially in females, recover without the knowledge of the patient that any such infection had ever existed. Repeated subsequent contacts with such cases demonstrate their incapability to transmit the disease. It is fortunate for the human race, no doubt, that the disease manifests this tendency.

We do know that following many cases of gonorrhea chronic conditions in both male and female, demonstrable, as you say, by "pus and mucus in the urine" persist, but in a large majority of these the gonococcus cannot be demonstrated and gonorrhea cannot be, or at least is not, transmitted. Such cases cannot be said to be afflicted with gonorrhea, but only with a condition to which a gonococcus infection was contributory. It is obvious that the diagnosis rests with the ability of the physician and the facilities for diagnosis at his command.

The demonstration of the presence or absence of syphilis, because of its predilection for any or all, and especially of the non-accessible tissues, is not always easy, but here again we must depend upon the discretion of the physician.

Contradictory laboratory reports in mild or "border-line" cases are wholly dependent upon the sensitiveness of reactions used by each laboratory, and **it is up to the physician to interpret these findings and correlate them with his clinical evidence to establish diagnosis.**

For practicable purposes, it was perhaps the original intent of public health authorities to require reporting only of those infectious conditions which were capable of transmission. But it was also realized that for the full appreciation of the extent of the ravages of these diseases it was necessary to have certain statistical evidence, which would prove valuable to physicians and others engaged in medical and epidemiological studies, and it was felt that the interest of most physicians in the importance of the problem would lead them to furnish these statistics.

At any rate the law enacted by the legislature states that "any physician or other person who **makes a diagnosis in, or treats,** a case of syphilis, gonorrhea or chancroid" **shall report the same** in manner further prescribed. **Responsibility for the recognition of the diseases, therefore rests upon the physician** and boards of health must depend upon his ability for diagnosis and his willingness, even at some per-

sonal inconvenience, to furnish such reliable reports and statistics as will enable them to gauge the extent and effects of these scourges and the measures necessary for prevention and control.

A physician of Montana only last week stated that he did not know a case of gonorrhea or syphilis, intimating thereby that he did not expect to comply with the law requiring reports of same. Such an attitude is, of course, incomprehensible to the true student of medicine, and the profession is fortunate that the percentage of such men in its ranks is extremely small. The progress of American medicine has been due to that large majority of physicians who by their individual contributions of personal experiences and data have given us an encyclopedia of knowledge worth while.

Fraternally yours,

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CHILD WELFARE DIVISION.

The following is a report of the Public Health nursing work in the State for the quarter ending March 31, 1920:

Because of changes in personnel, incorrect understanding of the report forms sent out by the State Board of Health and lack of uniformity of method, this report is incomplete, but furnishes a fair idea of the work done to date.

A monthly report form modeled after the National Organization for Public Health Nursing sample set has been issued to all Public Health Nurses in the State so that reliable statistics may be available.

Following is a report of the personnel of the Division of Child Welfare:

Director reported for duty February 1, 1920; remained in office to February 10th in order to familiarize herself with the various divisions in the State Board, go over files and back correspondence and confer with Secretary State Board of Health regarding procedure. During February and March made trips to Great Falls, Malta, Havre, Butte, Galen, Warm Springs, Wolf Point, Sidney, Miles City, Billings, Red Lodge, Laurel, Choteau, Missoula, Big Timber, Livingston, Eureka and Hamilton.

Conferences.

With Montana Supervising Nurse American Red Cross	4
With County Commissioners	4
Boards of Education	8
Public Health Nurses in the Field	25
Nurses interested in Public Health Work for information or advice	13
Hospital Superintendents	8
Medical Associations	1
Health Officers	14
Women's Clubs	8
Parent-Teacher Associations	11
Home Service Division, American Red Cross	3
School Principals or Superintendents of Schools	4
Visits to Schools	3
Interested Individuals	48

From all other available information coupled with that gained by two months' travel covering eighteen counties, the problem which looms largest is that of the high maternal and infant death rate and next in importance the work with school children. Working on this problem the following plan was made:

To organize, wherever possible, in the larger cities Infant Welfare Clinics where weekly conferences would be held and right instruction could be given in pre-natal care and the care and feeding of infants. The clinic nurse would do the home follow-up work. In the rural communities where clinics were impossible, but nurses available, a plan for the group teaching of girls past school age, and women.

Health Supervision of School Children.

Report of all nurses during January, February and March, 1920.

SUMMARY.	Nurses employed by School or County	Nurses employed by State Tuberculosis Assn.	Nurses employed by American Red Cross Chapter	Industrial Nurses	Total
Enrollment in field	44,620	1,856	2,842	255	49,573
No. examined	9,382	1,840	4,360	76	15,658
No. defects found:					
Defective sight	932	275	369	23	1,599
Defective hearing	138	54	352		544
Defective teeth	4,285	324	621	24	5,254
Diseased gums	5	1	1		7
Diseased tonsils	1,544	445	1,647	1	3,637
Adenoids	57	170	112		339
Goitre	1	23			24
Defective speech	3				3
Chorea	26		4		30
Mental defect	3		4		7
Orthopedic defects	92	14	22		128
No. defects treated	1,883	190	501		3,390
No. defects corrected	260	211	21		492
No. weighed and measured	560	135			695
Defective nutrition	260	157	224		641
Anemia		19			19
Communicable disease histories:					
Found successfully vaccinated	600	54	112		766
Vaccinations performed	295	116	498		909
Smallpox	42	8	6		56
Diphtheria	8				8
Tonsilitis	224	43	61	4	332
Scarlet fever	57	10	40		107
Typhoid fever	3	1	1		5
Measles	219	42			261
Cerebro spinal meningitis	2				2
Tuberculosis	15	61	2		78
Whooping cough	74	31			105
Chickenpox	280	28	35		343
Mumps	174	27	4		205
Conjunctivitis	64				64
Trachoma	18	4	6		28
Pediculosis	89	6	24		119
Ringworm	17	1	10		28
Impetigo	61	12	11		84
Scabies	32		12		44
Eczema	72				72
Miscellaneous	407		18		425
Cases excluded	542	2	501		1,045
No. visits to schools	1,481	61	285		1,827
Insanitary conditions found	18		14		32
Poor ventilation	34	1	15		50
No. visits to homes	3,726	78	791	275	4,870
No. visits to clinics	70		169	21	260
No. visits to doctors	35		169		204
Telephone visits	130				130
Conferences	26	58	4		88
Classes	92	4	11		107
Lectures	240	35	82	3	360
Bedside nursing	72	30	12		114
Obstetrical visits	3		15		18

The Aftermath.

The work of correcting the orthopedic defects following infantile paralysis was begun in Billings, January, 1918. Since that time about 135 cases have been seen and examined. Of these about 95 cases have received regular treatment or have been under regular supervision. The remaining number were those whose nerve tissues had been so badly destroyed that there was no hope of improvement, or children who needed apparatus or special shoes only. In a few instances children moved to another state or lost interest.

From the 125 cases examined:

98 cases of leg involvment were found.
30 cases of arm involvment.
20 cases of back involvment.
8 cases of abdominal involvment.
4 cases of neck involvment.
4 cases of slight facial involvment.

In many instances some children had an involvment of both arm and leg. In five cases there was combined paralysis of back, abdomen; both legs and both arms and neck.

The correction of orthopedic defects following infantile paralysis resolves under four heads: (1) massage, muscle training or therapeutic exercises; (2) stretching by casts; (3) braces and special shoes; (4) operations for the older and chronic cases. Some cases are so light that recovery is assured without any treatment, others so severe that no treatment is of much avail. But in the majority of cases a great deal can be done to improve the muscle power, limit the limp, prevent a subsequent operation, or by apparatus enable a child to walk who would otherwise be unable to do so.

Braces have been fitted for twenty children, twenty-five casts have been applied, innumerable shoes with special heels have been prescribed. Because of bony deformities or severe contractions of too tenacious a disposition to respond to cast stretching, it was found necessary to operate in eight instances. These were all old cases of from eight to ten years' standing. With the exception of two Tensor Fasciotomies to relieve hip flexion contraction, all these operations were for foot involvments.

Since January, 1920, ten clinics have been held in various places in the State. Twenty children who were unable to attend these clinics have also been seen.

An effort is being made to reach all children in the State afflicted with infantile paralysis. Special arrangements have been culminated whereby these children may receive treatment, be fitted with braces, or when necessary have operative work done. The co-operation of all physicians and Public Halth Nurses is solicited in order to bring these cases to the attention of the State Board of Health.

The Home and the School.

"Health first in our schools" is the call heard with increased frequency in every community awakened to the value of health. The problems of health have to do principally with environment. The environment of the child is largely home and school. One of the most logical mediums, therefore, through which to do child welfare work for

school children is the Parent-Teacher Association. The Parent-Teacher Association combines the two important factors in the child's life—home and school, and stands for progress in all matters pertaining to child betterment. In consequence, a live Parent-Teacher Circle can be of inestimable value to its community.

Parent-Teacher Associations throughout Montana are sponsoring various child welfare movements such as Little Mothers' Leagues, or Mother Craft Classes, called the largest volunteer life saving corps in the world. A large share of the credit for reducing infant mortality in localities where they have been organized, is due to the faithful following of instructions by the "Little Mothers."

The Modern Health Crusade, a simple system for teaching valuable health habits, and the Hot Lunch Movement, which is so greatly needed in many places, are also sponsored by the State Parent-Teacher Association.

Doing specific things to attain specific ends is the function of each local, affiliated Parent-Teacher Circle. When every town has its Circle, affiliated with the State Association, and every Circle is making a unified effort to the same end, child welfare work in the schools will become a forcible factor in Montana.

Realizing the importance of the work of the Parent-Teacher Association, the State Board of Health and the State Department of Education are co-operating in an effort to increase the number of Circles in Montana. The State Board of Health, through its Child Welfare Division, is able and anxious to give assistance and advice to any one interested in organizing a new Circle or reorganizing an old one.

The interest in Parent-Teacher Associations is becoming keen. Since January the Circles affiliated with the State Association have increased from about 50 in number to approximately 150. Some of the new Circles are all ready to function as soon as school opens this fall. Any one who is interested in this work may receive material and suggestions by addressing the Child Welfare Division, State Board of Health.

Feeding the Child—General Character of the Diet.

Food must contain plenty of the right sort of material to build up and repair the living tissues of the body; enough material to use as fuel to furnish energy for heat and work, an abundance of mineral material and the little known substances which regulate body health and growth.

Children, like all young animals, require more growth or body-building material relative to their size than they do when fully grown.

DO YOU KNOW WHICH FOODS ARE NECESSARY FOR GROWTH?

For the best growth and development, a child's food must contain:

1. **Animal protein**—found especially in milk, eggs, meat, including fish and fowl. The protein of certain vegetables and nuts contain body-building substances and will do to help out the animal protein, but

will not suffice alone, for the best growth and development of the average child.

2. **Mineral matter**—needed in the growth and functioning of the parts of the body, such as the skeleton, the blood, the brain, etc. The chief sources of these minerals are milk, eggs, meat, green vegetables and fruits.

3. **The substances regulating growth**—found especially in the fat of milk, eggs, leaf vegetables, but not found in vegetable oils or pork fat.

Whole milk contains an abundance of animal protein, minerals, and the growth-regulating substances, besides fat and sugar. No other single foodstuff is therefore so important in infancy and childhood.

Indispensable Articles of Food in Childhood.

1. Whole milk or skim milk with butter.

2. Butter.

3. Green vegetables, especially leaf vegetables.

4. Starchy foods, which are the principal sources of energy but are not growth foods.

To these four essentials it is desirable to add:

Some eggs or meat, including fish and fowl.

6. Sugar.

7. Fruits.

Choose easily digested food for the child and see that it is properly cooked.

Meals for the Well Child.

By the end of the first year a child should have four meals a day. By the end of the second year three meals a day are sufficient for the average child.

Plenty at Meal Time and Nothing Between Meals.

A baby at one year may take a quart of milk a day. After this age, as he takes on more cereal and bread with egg and vegetables, reduce the milk to three cups a day. A child will take more food if he drinks most of the milk at the end instead of at the beginning of the meal.

Cereals, bread, potatoes and rice are the starchy foods—the fuel foods—and should be a part of every meal. Cooked cereals are best for children. The child needs an abundance of fuel food as well as growth food.

Green vegetables—spinach, chard, beet greens, beets, carrots, onions, string beans, celery, asparagus—should appear in the diet by the end of the first year. These vegetables should be first used in

strained soup or broth, then as purees, and by the end of the second year mashed or finely divided. Peas, beans (other than string beans) and corn should not be given to very young children except as purees. Cauliflower and cabbage may be given to older children.

Children crave sweets, and they should be given these, especially in the noon dessert, as simple puddings, custards, home-made ice cream, fruit, jellies or simple candy.

Sweets between meals mean bad teeth and bad "tummies."

Fruits should appear daily in the diet of the child; fruit juices for the baby, stewed apples, or prune pulp later in infancy. Raw apple (at first scraped), oranges, ripe peaches, and any cooked fruit may be given to the older child. Bananas are not fit food for a child to eat unless the skin is brown or the banana is cooked.

The Right Sort of Food at the Right Time.

A young child should have the principal meal at noon, including a vegetable and meat soup, or an egg, or meat (including fish and fowl), with a green vegetable, and starchy vegetable or cereal. Cereal and milk with cooked fruit make the best supper and breakfast.

PREACH THE FULL DINNER-PLATE FOR CHILDREN AND THEN THE CLEAN DINNER-PLATE.

—Children's Bureau, U. S. Dept. of Labor.

DO YOU KNOW—

That Montana has forty-five school, county and industrial public health nurses and that we need more?

That the Montana State Board of Health furnishes diphtheria antitoxin and typho-bacterins **free** to the indigent?

That the Montana Health Association meets at Helena July 12th and 13th?

That no school building may be erected in Montana until the plans have been approved by the State Board of Health and the State Superintendent of Public Instruction?

That Montana leads the nation in its educational system and facilities, having been accorded the highest score in the Russell Sage Foundation Survey?

That the infant mortality rate in Montana for 1918 was 69 per 1,000 births, only one state (Utah) having a lower rate (64 per 1,000) and only one state (Washington) having equalled it?

That Montana law requires that every baby's birth must be recorded?

That Montana has more than its share of smallpox because so many people neglect a most certain preventive—vaccination?

That measles is unusually prevalent in Montana and that the younger the child the greater the danger of death from this disease?

That contrary to the belief of many people the death rate from tuberculosis in Montana is higher than the average western state?

That the Montana State Board of Health will furnish free bulletins teaching the prevention of communicable disease?

FLIERS AT FLIES.

Don't allow flies in your house.
Don't permit them near your food, especially milk.
Don't buy foodstuffs where flies are tolerated.
Don't eat where flies have access to the food.
Don't forget to put in your screens early.
Screen and swat.
Keep the flies away from the sick.
Milk is fine food for growing bacteria; keep the flies out of it.
Flies spread filth and disease. Flies are born in filth, they breed in filth, they carry filth.

This is the best time of the year to swat the fly.
Where there is no filth and dirt there will be no flies.
Do not sit on the sticky fly paper—let the flies do that.
The three (dis)graces—filth, flies and fever.

Not every fly that comes along is carrying disease germs, but many of them are, and you can't tell which is which. Take no chances—swat all.

Has your town cleaned up?

THINKS WE ARE HUNTING REAL ESTATE BARGAINS.

State Board of Health,
Helena, Mont.

Dear Sir:

Tho't I would rite and ask you if you knew about this Siss Pool, if you don't it's about time you do. Why don't you ever come up and take a smell? We've been waiting five years for that Siss Pool to get fixed and it isn't fixed yet. It seems as if the health officer here don't care, for I suppose, he'd just as soon have people sick here as not, so he'd make more money.

If you folks don't do something pretty quick, we'll sue you for damadges, we've been trying to sell our property and get out of here and not say anything, but can't, everyone says they are too afraid for their health, so if you'd rather give us the price we want for our property, we'll walk out any day and only too glad.

Why don't you take it out to the creek, which is only a short distance away, and not have it emptied on the ground and carry disease's all over from everybody?

Here's hoping something is done soon.

Yours very truly,

A SISS POOL SUFFERER.

BIRTH STATISTICS, 1918.

In the birth registration area of the United States 1,363,649 infants were born alive in 1918, representing a birth rate of 24.4 per 1,000 population. Of this total number of infants born alive, 1,288,711 were white and 74,938 were colored. The total number of deaths in the same area was 1,014,620, or 18.2 per 1,000. The births exceeded the deaths by 34.4 per cent. For every state in the registration area, for most of the cities, and for nearly all the counties, the births exceeded the deaths in many cases by considerable proportions. The mortality rate for infants under one year of age averaged 101 per 1,000 live births. The foregoing are among the facts brought out by the annual compilation of birth statistics by the Bureau of the Census.

The birth registration area, established in 1915, has grown rapidly. It comprised in 1918, as in 1917, the six New England states, Indiana, Kansas, Kentucky, Maryland, Michigan, Minnesota, New York, North Carolina, Ohio, Pennsylvania, Utah, Virginia, Washington, Wisconsin and the District of Columbia, and had an estimated population of 55,813,339, or about 53 per cent of the estimated total population of the United States in that year.

Comparison With 1917.

The birth rate for the entire birth registration area fell below that for 1917 by two-tenths of one per 1,000 population; but the death rate was greater by 4.1 per 1,000 than in 1917. Thus the excess of the birth rate over the death rate for 1918, which amounted to 6.2 per 1,000, was somewhat less than the corresponding excess for 1917, 10.5.

Infant Mortality.

The infant mortality rate—that is, the number of deaths of infants under one year of age per 1,000 born alive—throughout the birth registration area as a whole was 101 in 1918 as against 94 in 1917. This is equivalent to saying that in 1917 of every 11 infants born alive one died before reaching the age of one year, whereas the ratio in 1918 was about one in 10. Among the 20 states these rates ranged from 64 for Utah to 140 for Maryland, and for the white population separately the lowest and the highest rates were 63 for Utah and 126 for Pennsylvania.

The infant mortality rates vary greatly for the two sexes and for the various nationalities. The rate for male infants in 1918, 111 per 1,000 live births, was nearly 23 per cent greater than that for female infants, which was only 90.4. When the comparison is made on the basis of race or nationality of mother a minimum of 71.4 is shown for the infants with mothers born in Denmark, Norway, and Sweden, and a maximum of 172.4 per 1,000 births for infants with mothers born in Poland, while for negro children the rate was 163.

Plural Births.

The reports from the registration area show the birth of 15,342 pairs of twins and 147 sets of triplets in 1918—in all 30,123 live births, or a little more than 2 per cent of the total number born.

Number of Children Per Family.

The reports for 1,252,552 of the births occurring in 1918 contained information as to number of child in order of birth. Of these reports, 345,027 were for the first child born to the mother; 264,964 for the second child, 192,339 for the third, 136,366 for the fourth, and 95,963 for the fifth. In the remaining 217,893 cases, or 17.4 per cent of the entire number for which information on this point was obtained, the total number of children borne by the mother was 6 or more; in 38,343

cases it was 10 or more; in 1,820 cases, 15 or more; and in 58 cases, 20 or more. The total number of children ever born to the mothers of these 1,252,552 babies of 1918 was 4,109,309, or 3.3 per family. The reports for 1,189,682 mothers of 1918 contained information as to the entire number of children now living and gave a total of 3,461,110, or an average of 2.9 living children in each family.

—U. S. Census Bureau Report.

We mourn the lack of a panacea for influenza. Are we to trifle with the most perfect disease preventative we have, vaccination against smallpox?—Detroit City Board of Health.

Tuberculosis demands rest, food, fresh air and peace of mind. This may not mean a change of climate.

California has no public institutions with free care for non-residents.

With funds to live for a year, come; but do not rely on finding light work for support.

The State Board of Health warns you, because it wishes to spare you homesickness and suffering from financial strain.—California State Board of Health.

A SPRIG POEB.

What is this joyous feelig,
This woddress, woddress thig?
Cad it be tha cobbing
Of gladsob, gladsob sprig?
Wutz bore buds will be bloobig;
The balby air of sprig
Will bake the youngsters happy,
And bake the birdies sig.
I'b waitig for the subber,
To sbell the fragrat rose,
By thed I pray to goodness,
I'll be rid of this cold id the doze.

Oh, measles "are" or measles "is"
Enough to vex a saint;
But Johnny's bravely over his
And says that measles "ain't."

—Tennyson J. Daft.

THE "WILL-O'-THE-WISP" OF CLIMATE.

"The paramount principles of the treatment of tuberculosis are proper and adequate care, food, rest and friendly associations; we discourage the migration of patients who sacrifice these for the single consideration of climate."—Resolution of the Southwest Tuberculosis Conference, Denver, October, 1918.

Out of Doors

Just to be out of doors—So still, so green,
With unbreathed air, illimitably clean,
With soft sweet scent of lovely growing things,
The leaves' soft flutter, sound of sudden wings,
The far faint hills, waters wide between;
Breast of the great mother earth—here we lean
With no conventions, hard to intervene—
Content with the contentment nature brings;
Just to be out of doors.

Just to be out of doors—the sun's bright rays
Bring joy and comfort, thoughts of happy days
Long passed, as over hill and woodland track
We roved in childhood. Memories bring them back.
Our hearts, now sad, cannot repress the sigh,
We long once more those pleasant paths to try,
To wander forth, hearts light and fancy blest,
Content to cast our cares on nature's breast;
Just to be out of doors.

—Journal of the Outdoor Life.